

Faktor-faktor yang berhubungan dengan kinerja tenaga penyuluh puskesmas Kota Batam tahun 2002

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Abstrak

Objektif : Diketuinya faktor-faktor yang berhubungan dengan kinerja tenaga penyuluh Puskesmas Kota Batam Tahun 2002 merupakan salah satu upaya untuk meningkatkan mutu pelayanan kesehatan kepada masyarakat khususnya bidang promotif di Puskesmas dan sebagai tolok ukur keberhasilan program penyuluhan kesehatan masyarakat di Puskesmas yang wajib dilaksanakan. Walaupun pemenuhan kebutuhan akan tenaga penyuluh profesional (Jabung PKM) belum terlaksana. namun upaya peningkatan pengetahuan, kesadaran, kemauan dan kemampuan masyarakat untuk hidup bersih dan sehat, serta meningkatkan peran serta aktif masyarakat termasuk dunia usaha dalam upaya mewujudkan derajat kesehatan masyarakat yang optimal harus dilaksanakan.

Metode : Penelitian ini menggunakan desain Cross Sectional untuk mengetahui faktor-faktor yang berhubungan dengan kinerja tenaga penyuluh Puskesmas Kota Batam Tahun 2002. Pengumpulan data dilakukan dengan kuesioner, dan pemeriksaan/telaahan dokumen dan peralatan/sarana penyuluhan yang dimiliki responden untuk data sekunder. Pengukuran kinerja digunakan analisis hubungan antara faktor predisposisi, faktor pemungkin serta faktor penguat sebagai variabel independen dengan kinerja tenaga penyuluh Puskesmas dalam pencapaian cakupan penyuluhan di luar dan di dalam gedung Puskesmas. Dikatakan kinerja baik bila cakupan penyuluhan mencapai 12 kali penyuluhan dan dikatakan tidak baik bila cakupan penyuluhan < 12 kali penyuluhan. Analisis data dilakukan dengan tahapan analisis, yakni analisis univariat, analisis bivariat dilakukan dengan uji statistik "Chi Square" dan analisis akhir menggunakan analisis multivariate. Populasi adalah seluruh tenaga kesehatan Puskesmas baik PNS dan PIT. yang melaksanakan program kesehatan termasuk kegiatan penyuluhan kesehatan masyarakat. Jumlah sampel adalah total sampling sebanyak 123 orang tenaga penyuluh Puskesmas di Kota Batam tahun 2002.

Hasil : Proporsi tenaga penyuluh Puskesmas dengan kinerja baik sebanyak 48,8% dan kinerja kurang baik sebanyak 51,2%. Hasil analisis bivariat, menunjukkan ada hubungan yang bermakna dengan kinerja, yaitu supervisi ($p = 0,000$), pendidikan ($p = 0,002$), pedoman kerja ($p = 0,002$), tugas tambahan ($p = 0,002$), insentif ($p = 0,002$), pelatihan ($0,001$), umur ($0,016$). Hasil multivariate variabel yang masuk model yaitu umur, pendidikan, masa kerja, tugas pokok, tugas tambahan, pelatihan, pedoman kerja penyuluhan, supervisi, dan insentif Dengan menggunakan persamaan regresi logistik dan nilai eksponensial (5) atau (kiss Ratio dapat dilihat bahwa variabel yang paling dominan adalah umur dan pendidikan ternyata bahwa tenaga penyuluh Puskesmas yang berumur > 34 tahun berpeluang memiliki kinerja baik 0,09 kali (95% CI: 0,01-0,79) dibandingkan dengan tenaga penyuluh yang berumur < 34 tahun setelah dikontrol variabel pendidikan. Kesimpulan : Pelaksanaan penyuluhan di Puskesmas oleh 123 orang tenaga penyuluh Puskesmas tahun 2002 belum semuanya mencapai standar penyuluhan sebanyak 12 kali setahun setiap orangnya dan lebih banyak tenaga penyuluh Puskesmas yang memiliki kinerja tidak baik. Faktor terbukti bahwa faktor umur dan pendidikan berhubungan secara bermakna dengan kinerja tenaga penyuluhan Puskesmas untuk mencapai cakupan penyuluhan di dalam dan di luar gedung Puskesmas pada tahun 2002.

Saran : Beberapa upaya untuk meningkatkan kinerja tenaga penyuluh Puskesmas, diantaranya adalah pelatihan bagi tenaga penyuluh Puskesmas secara komprehensif dan terpadu, mengusulkan tenaga penyuluh mengikut pedoman dari Departemen Kesehatan Republik Indonesia tentang Jabatan Fungsional Penyuluh Kesehatan Masyarakat, melanjutkan pendidikan (tugas belajar).

.....Factors Related to the Performance of Health Center Educator in the City of Batam 2002The study was conducted to know the factors related to the performance of health center educator in the City of Batam year 2002. It was one of the efforts to increase the quality of health care especially in promotive sector that conducted in health center and it was an indicator of success of public health education program in health center. Although the need of professional health educator to be professional was not accomplished yet, but the effort to maintain the knowledge, awareness, willingness, and ability of the community to stay health and clean and to increase the community participation to attempt community health status optimally that have to be conducted.

This study used cross sectional design to know the factors related to the performance of health center in the City of Batam year 2002. Data collecting was conducted by using questionnaire, documents review, and education equipment, facilities inspection. The measurement of performance of health center educator analyzed the relations between predisposing factors, enabling factors, and reinforcing factors--as independent variables and the performance of health center educator in achieving the education coverage both inside and outside of health center building. Good performance was shown if the education coverage was >12 times and poor coverage was <12 times. The step of data analysis was started from univariate analysis, and then bivariate analysis that conducted with "Chi Square" statistical test, and then multivariate analysis. Population of the study was all health staffs that worked in the health center both civil government officers and contracted officers that conducted health programs including public health education program. This study used total sampling method. Amount of sample that gained were 123-health center educators in the City of Batam in the year 2002.

The result of the study showed that proportion of health center educator who had good performance was 48.8% and the rest (51.2%) had poor performance. Bivariate analysis showed significant relationship. Some of variables that had significant relationship with the performance were supervision ($p=0.000$), educational background ($p=0.002$), work guidelines ($p=0.402$), additional task ($p=0,002$), incentive ($p=0.002$), training ($p=0.011$), and age ($p=0.016$). Multivariate analysis showed that variables that entered in the model were age, educational background, duration of work span, main task, additional task, training, work guidelines, supervision, and incentive. By using equation of logistics regression and exponential value (OR) or Odds Ratio showed that the most dominant variables were educational background and age. Health center educators who had age ≥ 34 years had probability to have good performance 0,09 times (95% CL 0.01---0.79) compared to they who had age <34 years after being controlled by educational background variable. Implementation of health education in health center that conducted by 123 health center educators in the year 2002 had not met the standard yet as much as 12 times in a year in each of them. From this study showed that there were still many health center educators who had poor performance. Predisposing factors had been proven such as age and educational background that had significant relationship with the performance of health center educator in achieving the education coverage both inside and outside of health center in the year 2002.

In order to increase the performance of health center educator, it is recommended to conduct the following efforts: providing integrated and comprehension training for health center educators, proposing to employ

the health educator follows the Guideline of Ministry of Health Republic of Indonesia in term of Functional Job of Public Health Educators, and continuing the higher education.